

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6707</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>PATRICK</u> <u>A</u> <u>DONAHUE</u>  P.O. Box, Bldg., Room No., if any  Street <u>11 BALDWIN RD</u>  City <u>NEWTOWN</u>  State <u>Connecticut</u> ZIP Code + 4 <u>06470</u>	4. Name, file number, and address of labor organization. Name <u>LOCAL UNION NO. 488 IBEW</u>  Labor Organization File Number <u>030-309</u>  P.O. Box, Building and Room Number, if any  Street <u>501 MAIN STREET</u>  City <u>MONROE</u>  State <u>Connecticut</u> ZIP Code + 4 <u>06468-1155</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u>  7.b. Amount.  <u>\$0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Patrick A. Donahue

On

8-10-05

Date

203-452-7679

Telephone Number

Name of Person Filing <b>PATRICK DONAHUE</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>LOCAL NO 488 IBEW EDUCATION TRUST FUND</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>501 MAIN STREET</b></p> <p>City <b>MONROE</b></p> <p>State <b>Connecticut</b> ZIP Code + 4 <b>06468-1155</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><b>PAID FOR REGISTRATION, TRAVEL, LODGING AND MEALS FOR THE FOLLOWING CONFERENCES:</b></p> <p><b>CONST. MAINT. CONF (WASH., DC) \$2196</b></p> <p><b>UDU CONF. (LAS, VEGAS NEVADA) \$2574</b></p> <p><b>BUSINESS MANAGERS CONF (ST. CHARLES, ILL) \$2983</b></p> <p><b>2ND DISTRICT PROG. MEETING (BURLINGTON, VT) \$918</b></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$8,671"/></p> <p>12.a. Nature of interest held or income received.</p> <p><b>N/A</b></p> <p>12.b. Amount. <input type="text" value="\$0"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><b>N/A</b></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text" value="\$0"/></p>

Name of Person Filing PATRICK DONAHUE

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name SO. CT IBEW HEALTH FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 5817

Street

City WALLINGFORD

State Connecticut

ZIP Code + 4 06492-7617

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

PAID FOR THE COST OF MEALS AT MONTHLY TRUSTEE MEETINGS

11.b. Approximate dollar value of such dealing.

\$120

## 12.a. Nature of interest held or income received.

N/A

12.b. Amount.

\$0

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name SO. CT IBEW PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 5817

Street

City WALLINGFORD

State Connecticut

ZIP Code + 4 06492-7617

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

PAID FOR COST OF MEALS AT MONTHLY TRUSTEE MEETINGS  
\$52 AND COSTS TO ATTEND MARCO CONFERENCE \$2495.

## 11.b. Approximate dollar value of such dealing.

\$2,547

## 12.a. Nature of interest held or income received.

N/A

## 12.b. Amount.

\$0